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AUTHOR	Geiger, Brian F.
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ABSTRACT

This paper describes lessons learned while planning a statewide conference to increase the knowledge of tobacco control advocates and promote implementation of the Alabama Comprehensive Tobacco Use Prevention and Control Plan (Plan) within the state. The Plan has three overall goals: preventing youth from becoming tobacco users; promoting treatment of tobacco dependency through promotion of, and increased access to, cessation programs; and reducing exposure to environmental tobacco smoke. It emphasizes three key prevention components: schools, public education and community mobilization, and merchant education and public awareness of laws. Conference participants attended general sessions and selected workshops (teaching communities, mobilizing others for change, eliminating cigarette smoke, understanding the MSA, encouraging youth to abstain, helping smokers quit, serving as media spokesperson, and partnering with local media). This paper examined the background of the plan; planning methods; and lessons learned related to specifying a target audience, recruiting collaborators, selecting date and location, marketing and promotion, and meeting logistics. (SM)

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Lessons Learned Planning a Statewide Conference: "Alabama's Choice: Tobacco or Health?"

Brian F. Geiger, Ed.D.*

*corresponding author

University of Alabama at Birmingham, School of Education, Room EB 209, 1530 3rd Avenue South, Birmingham, AL 35294-1250, Tel. 205-934-8326, fax 205-975-8040, alt. Fax 205-975-5389, Email bgeiger@uab.edu

and Dianne Smith-Yoder, MSPH

Alabama Dept. of Public Health, P.O. Box 2867, Mobile, AL 36652-2867

Tel. 251-690-8186, Email dsyoder@adph.state.al.us

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Lessons Learned Planning a Statewide Conference: "Alabama's Choice: Tobacco or Health?"

Abstract

This brief manuscript describes lessons learned during planning a statewide conference to increase the knowledge of tobacco control advocates and promote implementation of the Alabama Comprehensive Tobacco Use Prevention and Control Plan (*Plan*) within the state. Authors detail the conference purpose, target audiences, program and speakers, workshop objectives, and meeting logistics. This information will prove valuable to health educators responsible for planning public health conferences in other states.

Keywords: tobacco prevention and control, collaborative planning, Master Settlement Agreement

Lessons Learned Planning a Statewide Conference: "Alabama's Choice: Tobacco or Health?"

Introduction

In 2001, Alabama conducted a tobacco prevention and control conference, "Alabama's Choice: Tobacco or Health?" to launch a statewide tobacco prevention plan and increase the attendees' awareness and knowledge of the diverse, complex tobacco prevention and control issues. The Conference utilized funding through registration fees; the Alabama Department of Public Health's Cooperative Agreement with the CDC, and in-kind support and donations from committee members, partners and co-sponsors. The Conference Planning Committee (Planning Committee) was composed of 22 dedicated professionals representing state agencies, health services, youth educators, and community-based organizations, all of which collaborated for one year to plan the conference. The purpose of this manuscript is to share lessons learned from planning and conducting a statewide conference with public health educators who are planning a similar effort.

Background: Alabama's Comprehensive Tobacco Use Prevention and Control Plan

The impetus for developing a statewide Plan was dramatic statistics on tobacco use among youths and adults and estimated long-term costs included in Table 1 (Alabama Department of Public Health, 2000).

Table 1. Statistics on Tobacco Use in Alabama

35%	High school students reported smoking
24%	Adults reported smoking
22%	High school males use smokeless tobacco
19,000	Youth under age 18 become new daily smokers each year
8,600,000	Packs of cigarettes illegally sold to youth in Alabama annually
7,000	People die each year in Alabama from smoking
83,000	Alabama youth who will die in the future from smoking, if trends continue
$800,000,000	Tobacco-related health expenditures each year in Alabama

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Alabama's Comprehensive Tobacco Use Prevention and Control Plan (Alabama Department of Public Health, 2000) resulted from a collaborative and inclusive process coordinated by the state department of public health. The state committee was composed of more than 100 professionals who represented state agencies, higher education, and community-based organizations from across the state. State committee members worked closely over two years to identify needs of youth and adults related to tobacco prevention and control, then write goals and objectives consistent with federal and state guidelines (CDC, 1999a, 1999b, 1999c & 1994; USDHHS, 2000 & 1998). This required lengthy and frank discussion, negotiation and compromise, since members represented different special interests.

The Plan has three overall goals: 1) Prevent youth from becoming users of tobacco products; 2) Promote treatment of tobacco dependency through promotion of, and increased access to, cessation programs; and 3) Reduce exposure to environmental tobacco smoke (ETS). Alabama's prevention plan focuses on three key prevention components: 1) schools, 2) public education and community mobilization, and 3) merchant education and public awareness of laws. The department of public health strives to implement the Plan in 11 public health areas through 2005.

Methods/Strategies

The Planning Committee recognized the need to increase the awareness of the Plan's goals and objectives among health and education professionals across the state of Alabama and tobacco prevention and control issues. Conferees attended general sessions and selected workshops from eight tobacco prevention and control areas: 1) Teaching communities; 2) Mobilizing others for change; 3) Eliminating cigarette smoke; 4) Understanding the MSA; 5) Encouraging youth to abstain; 6) Helping smokers to quit; 7) Serving as media spokesperson; and 8) Partnering with local media.

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The four objectives for conference general sessions were: 1) Understanding the intent of the first state lawsuit against the tobacco industry; 2) Learning facts and issues about the tobacco Master Settlement Agreement (MSA); 3) Reviewing components of the state Plan and the "Best Practices for Comprehensive Tobacco Control Programs;" and 4) Identifying actions to reduce health-related disparities. Additional objectives were considered, then dismissed as beyond the scope of an inaugural conference, e.g., training youth as leaders in tobacco prevention advocacy. Again, conference planners applied skills of negotiation and compromise.

Conference speakers were actively recruited to represent federal, state, and local agencies and organizations. This was a tedious process to issue many invitations in person, by U.S. Mail and Email. The Planning Committee began by brainstorming a list of leaders in the fight against tobacco addiction. We were successful at obtaining confirmations from the Hon. Michael Moore, MS state Attorney General and the leading spokesman for the MSA, Mr. Brick Lancaster, Acting Chief of the Program Services Branch, CDC Office on Smoking and Health, Alan Blum, M.D., Director of the Center of Society and Tobacco, and Robert Robinson, Dr.P.H., of the CDC. Donald Williamson, M.D., state health officer, and David Reynolds, M.D., pediatrician and officer of the Coalition for a Tobacco-Free Alabama, represented the state of Alabama.

Several speakers challenged the audience to join with others and advocate for reduced tobacco use in Alabama, including the Hon. Vivian Davis Figures (state senator and champion of Clean Indoor Air legislation) brought a proclamation of recognition from the World Health Organization for a successful conference, Hon. Barbara McCollum (Mayor of the City of Hoover), Rev. Jesse Brown, Jr. (founder of the National Association of African Americans for Positive Imagery), Charyn Sutton (co-founder and President of the Onyx Group), and R. Clinton Crews (the Coalition Training Institute in Virginia). In a few cases, invited speakers declined due to perceptions of political differences with other confirmed speakers or schedule conflicts.

In addition to keynoters, the Planning Committee solicited electronic proposals for concurrent workshops from clinical, health, and education professionals. Members considered the potential impacts of program proposals on increasing knowledge and awareness of the audience. Speakers developed workshop objectives to specify intended audience impacts (see Table 2).

Table 2. Concurrent Workshop and Related Objectives for Participants.

Concurrent Workshop	Objective
Helping Patients to Quit Smoking	Healthcare professionals will identify smoking cessation guidelines from the Agency for Health Care Policy and Research
Tobacco-Free Youth	School personnel will identify the prevalence of youth smoking and essential elements of prevention programs
Building Effective Community Partnerships	Community Representatives will identify characteristics of effective coalitions, stages of coalition development, and steps to sustain momentum

Applying for Continuing Education Units (CEUs)

For some attendees, CEUs were highly desired to maintain certification or licensure. The Planning Committee obtained CEU application guidelines from professional membership organizations (e.g., nurses, social workers, physicians and educators) and distributed forms and/or request for documentation (e.g., workshop objectives and description, curriculum vitae of presenters) to plenary session speakers and workshop presenters.

Discussion of Lessons Learned

Lessons learned by conference organizers were grouped into five general categories, including specifying a target audience, recruiting collaborators, selecting date and location, marketing and promotion, and meeting logistics. Lessons learned in each category are presented, in turn.

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Specifying a Target Audience

Early in the process, the Planning Committee specified four priority populations (e.g., clinical professionals, youth educators, public health professionals, and agency staff members). This enabled planners to focus marketing and promotion activities and select the most relevant concurrent workshops. The Planning Committee was carefully composed of 22 professional volunteers, who were connected to state and local constituents. Members of the Planning Committee pledged to promote conference attendance within state agencies and community-based organizations.

Recruiting Collaborators.

Planning Committee members were recruited to represent a range of expertise and tobacco control and prevention experience; the group worked well together. Members were identified from health professions (pediatrics, family medicine, pharmacy, nursing, and social work), professional associations, nonprofit voluntary health organizations (ACS, AHA, ALA), higher education (the University of Alabama and the University of Alabama at Birmingham), state and local government agencies (public health, education, state Alcohol Beverage Control Board) and officials. The Coalition for a Tobacco Free Alabama (Coalition) was a major co-sponsor of the conference.

Each member completed a Planning Committee Form, which specified contact information, and personal and institutional contributions (e.g., solicit workshop presenters, assist with registration, co-sponsor conference expenses). The Planning Committee met quarterly in the state capitol, participated in numerous conference calls, and communicated frequently by Email.

Collaborative planning, where each member brought his or her unique experience, talent, and institutional resources, was essential to the Conference's success. Synergy of effort meant

the whole was much greater than a simple sum of parts. In-kind contributions were many, including volunteering to host visiting speakers, register conferees, and facilitate conference workshops. Several planners solicited paid exhibits from their agency or organization, or others with whom they were familiar. Planning Committee members shared their respective members' mailing lists, provided discounted printing and bulk-rate postage, activated media contacts, placed PSAs, and loaned laptop computers and projection equipment.

Planning Committee members pledged to continue work with their agencies and organizations to utilize the state comprehensive tobacco plan as the starting point for change within communities. This included providing technical assistance after the conference, for example, volunteer service on a countywide tobacco prevention coalition and providing consultation for program assessment.

Selecting Dates and Location

The Planning Committee considered many possibilities before selecting dates determined to have the fewest conflicts for members of the target audience. The Planning Committee's diverse representation was extremely beneficial in this process because the members were aware of plans and meetings of their constituents. Spring was selected for several reasons, including favorable weather for travel, fewer conflicts with holidays and vacations, and less competition with meetings of state associations. Choosing Friday and Saturday permitted working professionals and students to attend at least one day of the meeting without neglecting clinical, classroom, or agency responsibilities.

Planning Committee members selected the city for the conference and contacted the Chamber of Commerce and convention and visitor's bureau for assistance. Colleagues who had met in the city for other purposes shared their hotel recommendations. Selection criteria included access to interstate highways, clean and comfortable meeting rooms, affordable accommodations

for overnight guests, handicap access, healthful menu choices, and, most importantly, availability during our preferred season. A sub-committee conducted a site visit, reviewed floor plans and toured meeting space, then negotiated the contract which included discounted sleeping room rates, costs of meeting space and equipment, and other details as unique as removal of ashtrays and designating smoke-free areas.

Marketing and Promotion

The Planning Committee desired to promote wide participation by members of the target audience (clinical professionals, youth educators, public health professionals, and agency staff members). The Conference brochure was developed, posted on the Department of Public Health website and sent via Email to members of the Coalition and colleagues throughout the state. The brochure was professionally printed and mailed to over 5,000 potential attendees. In addition, the Committee members altered fax cover sheets and Email signatures to include the title, dates, and contact person to provide more information about the conference. PSAs were placed in state and local media outlets to invite the public to attend the conference. Conference planners were satisfied that more than 100 conferees attended the inaugural statewide tobacco prevention and control conference. It is anticipated that more professionals will attend future conferences.

Meeting Logistics

The final set of lessons learned related to meeting logistics. The Planning Committee considered effective elements of other meetings they had attended. The aim was to remove obstacles to attendance and reduce confusion for conferees. Some problems were more difficult to prevent, such as computer hardware and software problems, delayed receipt of pre-registration payments, and unanticipated schedule conflicts for presenters. Other obstacles were more easily overcome, such as limited finances for travel, costs of renting computers and projection equipment, providing a conducive learning environment, and providing directions and assistance.

There were two levels of registration fees (advanced and on-site) for two categories of attendees (professional/community and students). Professionals paid $60 in advance ($85 on-site), while students paid only $25. Fifteen scholarships for registration and/or accommodation were awarded, based on need.

To reduce costs, the Planning Committee borrowed laptops and projection equipment from professional organizations, agencies, and a university after obtaining permission from the host hotel and agreeing to pay one fee of $75 to use non-hotel equipment. This was much less expensive than paying equipment rental fees.

The Conference materials included a 3-ring binder with color-coded dividers separating speakers' biographies, blank lined note pages, handouts, and reference information. A conference theme and logo was displayed on all materials. A daily agenda and hotel map made it easy to select and find workshops. Public health staff members and Planning Committee members staffed the registration and information desk throughout the conference to assist conferees.

Conclusions

A dedicated group of volunteers collaborated to host a statewide conference to launch a new Plan in the state of Alabama, with support from the CDC and department of public health. Careful planning resulted in a successful conference in the spring of 2001. Clinical professionals, youth educators, public health professionals, and agency staff members joined to consider solutions to the increasing problem of tobacco use among youths and adults.

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Telephone: 205-934-8326

FAX: 205-975-8040

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